AMENDMENTS TO THE CLAIMS

Docket No.: HO-P03236US0

- 1. (Currently amended) A method of <u>determining identifying</u>

 whether or not <u>that</u> a pregnant woman is at risk of developing

 pre-eclampsia or whether or not <u>that</u> her fetus is at risk of

 developing intrauterine growth restriction (IUGR), which

 method comprises:
 - (a) measuring asymmetric dimethylarginine (ADMA) in a pregnant woman at a stage of pregnancy from 4 to 25 weeks gestation; and
 - (b) determining whether or not the ADMA is greater than 2.0 mol/L in the woman, thereby determining whether or not that the woman is at risk of developing pre-eclampsia or her fetus is at risk of developing IUGR if the level of ADMA is greater than 1.5 umol/L in the woman.
- 2. (Canceled)
- 3. (Canceled)
- 4. (Previously presented) The method of claim 1, wherein the pregnant woman is at a stage of pregnancy from 10 to 25 weeks gestation.
- 5. (Previously presented) The method of claim 4, wherein the woman is at a stage of pregnancy from 15 to 25 weeks gestation.
- 6. (Currently Amended) The method of claim 1, wherein determining whether or not that the woman is at risk of developing pre-eclampsia or determining whether or not that

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her fetus is at risk of developing IUGR comprises determining whether or not that the woman's ADMA level is at least 3 times the normal pregnancy level.

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- 7. (Currently Amended) The method of claim 1, wherein determining whether or not that the woman is at risk of developing pre-eclampsia or determining whether or not that her fetus is at risk of developing IUGR comprises determining whether or not that the woman has an increase in the ADMA/symmetric dimethylarginine (ADMA/SDMA) ratio that is greater than the normal pregnancy ratio.
- 8. (Currently Amended) The method of claim 7, comprising determining whether or not that the ADMA/SDMA ratio is at least 5 times more than the normal pregnancy ratio.
- 9. (Previously presented) The method of claim 1, wherein the pregnant woman is suspected of being at risk of developing pre-eclampsia or her fetus is suspected of being at risk of developing IUGR.
- 10. (Previously presented) The method of claim 9, wherein the woman is a smoker.
- 11. (Previously presented) The method of claim 1, further comprising carrying out Doppler waveform analysis of the uterine arteries and/or flow-mediated dilatation of the brachial artery in the woman.

12.-28. (Canceled)

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